

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$948.21 for date of service, 03/13/02.
- b. The request was received on 06/18/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. UB-92
 - c. Request for reconsideration dated 04/26/02
 - d. Carrier's reconsideration audit dated 05/17/02
 - e. Itemized hospital list
 - f. Based on Commission Rule 133.307 (g), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 08/12/02. There is no response from the Requestor in the file. A "No Provider 14 Day Response Found" from the Requestor is reflected in Exhibit I.
 - g. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and response statement
 - b. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 08/12/02. The Requestor did not submit additional information. There is no Carrier 14 day response to this medical fee dispute in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: No response statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/13/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$4,211.73 for services rendered on 03/13/02.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$2,000.00 for services rendered on 03/13/02.
5. The amount in dispute is \$948.21 for services rendered on 03/13/02.

V. RATIONALE

Medical Review Division's rationale:

The Requestor has submitted UB-92s for ambulatory surgical services for date of service 03/13/02. The bill in dispute is broken down into operating room services, pharmacy supplies, recovery room charges, etc. However, the total is considered the facility fees (what the facility charged for providing the facility, equipment and supplies in order for the surgical procedure to be done).

The Provider's request for reconsideration dated 04/26/02 states, "(Carrier) PAID ONLY A PORTION OF THIS BILL AND DENIED THE REMAINING CHARGES CITING THE TWCC GUIDELINES. RULE 134.401 PROVIDES THAT OUTPATIENT TREATMENT RENDERED IN A HOSPITAL SHALL BE REIMBURSED AT A 'FAIR AND REASONABLE RATE' AND TWCC CLEARLY STATES THAT CARRIERS SHOULD NOT USE THE 1996, MEDICAL FEE GUIDELINES (MFG) TO REIMBURSE ACUTE CARE INPATIENT HOSPITALS FOR OUTPATIENT PHYSICAL THERAPY, RADIOLOGICAL STUDIES, OR LABORATORY STUDIES BILLED ON A UB-92 AND THAT THE MFG APPLIES ONLY TO PROFESSIONAL CHARGES..." Although the Provider did not submit EOBs, their request for reconsideration indicates the Carrier denied services as fair and reasonable. However, the Provider did not respond to TWCC's request for additional information as required by TWCC 133.307 (g). Therefore, there is no medical documentation in the file to support that services were rendered. **No** reimbursement is recommended.

The above Findings and Decision are hereby issued this 18th day of November 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt